

Wisconsin Medicaid update

and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Dentists
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid improves service for dental providers

In response to requests from dental providers and the Wisconsin Dental Association (WDA), Wisconsin Medicaid has taken steps to improve service to dental providers. Improvements made include the addition of a dental-specific correspondent unit and a specialized claims and prior authorization (PA) review process.

Changes to dental processing will be phased in throughout the year. The changes addressed in this Update apply only to dental providers who bill using American Dental Association (ADA) claim forms. Changes in processing for dental providers who bill using the HCFA 1500 claim form will occur later this year.

Dental-specific correspondent

A dental-specific correspondent is now available exclusively for Wisconsin Medicaid dental providers billing fee-for-service. Dental providers can call Provider Services at (800) 947-9627 or (608) 221-9883 and speak with a correspondent dedicated to answering dental-specific policy and billing questions. There is no limit to the number of questions a dental provider may ask during a call.

A dental correspondent is available during regular business hours (refer to the table in the left margin) and can be reached by pressing

Option 4 of the automated menu. This option can be pressed at any time during the recording—there is no need to wait for Option 4 to be announced. During times of peak call volumes, calls may be transferred to the general correspondent unit. If a call is transferred, the dental provider can either ask that the dental correspondent return the call or speak with the correspondent available at that time.

A dental correspondent is available to answer policy and billing questions only. Providers should access Medicaid's Eligibility Verification System (EVS) for questions regarding recipient eligibility. Providers can access Medicaid's EVS in the following ways:

- Automated Voice Response (AVR) system at (800) 947-3544 or (608) 221-4247.
- Provider Services at (800) 947-9627 or (608) 221-9883.
- Magnetic stripe card reader (also known as a point-of-service device or terminal) or personal computer software. Card readers and software are available for purchase from commercial eligibility verification vendors.
- Direct Information Access Line with Updates for Providers (Dial-Up).

A Medicaid dental correspondent will be available to answer policy and billing questions during the following hours:

8:30 a.m. to
4:30 p.m. every
Monday,
Wednesday,
Thursday, and
Friday*

9:30 a.m. to
4:30 p.m. on
Tuesdays*

*Not available
on holidays

Specialized review of dental claims

To decrease the number of dental claims denied during the automated review process, Wisconsin Medicaid has begun a new, specialized review process for dental claims. Dental claims are now screened for common billing errors (e.g., inaccurate recipient ID number, no date of service listed) during the initial automated review process.

Correcting billing errors

Dental claims specialists will now attempt to correct certain billing errors found during the automated review process. These specialists may call dental providers when additional information is needed to correct the errors on the claims.

These specialists will not be in a position to answer general policy and billing questions. However, once the errors in the specific claim have been corrected, and if a provider has additional questions, the call can be transferred to the dental correspondent for further assistance.

All claims errors corrected during the new specialized review process will be monitored. Field representatives will contact providers who need assistance with recurring billing issues.

Implementation

The new processing structure will be implemented in phases. When completely phased-in, Wisconsin Medicaid will use this process to review all dental claims with billing errors found during the automated review process.

Prior authorization

Similar to the new claim review process, prior authorization (PA) specialists dedicated to reviewing dental PA requests will call providers if problems are found with the PA during the review process rather than return the request. Dental PA specialists will correct the inaccurate information, whenever possible, based on information received from dental providers. Prior authorization requests that require supporting documentation (e.g., X-rays, periodontal charting) will also be reviewed to ensure that all required documentation has been included. If the documentation is missing, a PA specialist will contact the provider to obtain it.

Additional Updates will be issued as new policies and procedures are implemented to improve service for dental providers.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

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